

Survey

The 2002 Safety Net Survey is more quantitative in nature than last year's questionnaire. However, there are a number of open-ended, qualitative questions that ask for descriptive information, and we encourage you to append any additional information you think will be helpful in our advocacy efforts. Questions about forensic and jail services are purposely missing from the 2002 Safety Net because we expect to gather this information later in a different format.

We have incorporated definitions and instructions into each section and question. For example, questions about wait lists, medication, and case management encourage you to consult with your providers. Where quantitative information is requested, we are looking only for your best approximation. When a definition of a term has not been provided, we expect you to use your own definition and understanding of that term. For example, we have not specified standardized criteria for Assertive Community Treatment (ACT). Therefore, if you contract for a service that is called "ACT" in your board area, we want to know about it.

Copies of the 2002 Safety Net questionnaire can be downloaded from:

<http://www.mh.state.oh.us/offices/oper/safetynet.html>

Questions of a technical nature should be directed to:

Carol Carstens, Office of Program Evaluation and Research, 614-752-9705

carstenc@mhmail.mh.state.oh.us

Because we intend to use the survey in the FY2003-2004 budget process, it is critical we adhere to the schedule set out below:

January 22, 2002	Survey Disseminated
March 1, 2002	Deadline for Survey Completion
April 1, 2002	ODMH publishes Summary Report

2002 Safety Net Survey

I. Access & Capacity – Adult Services

“Access” is “using or gaining admittance to” existing service capacity. “Capacity” is the ability of a service system to “contain, absorb, receive or hold” consumers.

I.A. Psychiatric Hospital Services

“Community hospital” refers to private inpatient units within a half-hour travel time of your service area. “State psychiatric hospital” refers to inpatient units within Ohio’s Integrated Behavioral Healthcare system.

I.A.1. What are major factors that limit **access** to existing community hospital beds? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> transportation | <input type="checkbox"/> hospital admission criteria |
| <input type="checkbox"/> distance | <input type="checkbox"/> unit capacity |
| <input type="checkbox"/> reimbursement | <input type="checkbox"/> length of stay |
| <input type="checkbox"/> treatment program design | <input type="checkbox"/> other (please describe) |

I.A.2. What are the major factors that limit **access** to existing state hospital beds? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> transportation | <input type="checkbox"/> hospital admission criteria |
| <input type="checkbox"/> budgeted bed days | <input type="checkbox"/> length of stay |
| <input type="checkbox"/> distance | <input type="checkbox"/> hospital capacity |
| <input type="checkbox"/> other (please describe) | |

I.A.3. Please describe the ramifications for your service area if inpatient bed **capacity** at the community hospitals were decreased or eliminated.

I.A.4. Please describe the ramifications for your service area if inpatient bed **capacity** at your state hospital was transferred to another facility.

I.B. Crisis Care – Adults

“Crisis Care” is any intervention or stabilization service provided as an alternative to inpatient hospitalization. Crisis care is provided in a structured or intensively supervised setting that incorporates medical management.

I.B.1. Services used in Crisis Care

Services used in Crisis Care typically include 24-hour on call clinical staffing (psychiatrists, case managers, and clinical supervisors) and a range of temporary, short-term treatment settings and placements (respite, 23-hour observation beds, mobile response).

Please describe the provisions and arrangements in your system for handling adult consumers in crisis. Are crisis care provisions in your system adequate or are there access and capacity gaps? If so, what are these gaps?

I.C. Intensive Care – Adults

“Intensive Care” involves services to consumers with significant mental health needs who require a long course of recovery.

I.C.1a. Intensive Care Services

Please indicate whether the service is available, whether there are wait lists, and the approximate length of time intensive care consumers are on wait lists. You are encouraged to contact your provider(s) for help with these estimates. If you have several providers, use estimates from those serving the largest number of consumers receiving intensive care and fill in the notation with the number of intensive care providers represented in your estimate. E.g., “Estimate based on 2 of 4 total intensive care providers in system.”

	Available?		Wait lists?		Wait how long?	
	YES	NO	YES	NO	10 working days or less	10 working days or more
PACT						
ACT						
Day Treatment or Partial Hospitalization						
Staff Supervised Housing						

Estimate based on ____ of ____ total intensive care providers in system.

I.C.1b. Which of the following would you prefer to see as a Medicaid service? (Circle one or more)
Please explain your response. For example, are there barriers to implementation or best practice preferences?

PACT ACT PACT & ACT None of these

I.C.2. Do you have wait lists for intensive care consumers needing other services such as psychiatry, case management (community support program), or subsidized housing? If yes, please describe which services and the approximate length of time that intensive care consumers are on wait lists for those services.

Type of Service	Length of Time on Wait List

Estimate based on ____ of ____ total intensive care providers in system.

I.D. General Care – Adults

“General Care” involves service provision of low to moderate intensity.

I.D.1. Services used in General Care

Please indicate whether the service is available, whether there are wait lists, and the approximate length of time consumers are on general care wait lists. You are encouraged to contact your provider(s) for help with these estimates. If you have several providers, use estimates from those serving the largest number of consumers receiving general care and fill in the notation regarding the number of providers represented in your estimate. E.g., “Estimate based on 7 of 10 total adult care providers in system.”

	Available?		Wait list?		Wait how long?	
	YES	NO	YES	NO	10 working days or less	10 working days or more
Psychiatry						
Diagnostic Assessment						
Case Management/ Community Support						
Counseling/Psychotherapy						
Subsidized Housing						
Consumer and Family Psychoeducation						
Employment or Vocational Services						
Clubhouse / Psychosocial Rehabilitation Center						
Peer Support Service						
Consumer Operated Service						
Transportation						
Respite						

Estimate based on ____ of ____ total adult providers in system.

I.D.2. Do you have wait lists for other general care services? If yes, please describe which services and the approximate length adult consumers are on wait lists for those services.

Type of Service	Length of Time on Wait List

Estimate based on ____ of ____ total adult providers in system

I.E. Employment

“Employment” is any activity conducted in a competitive, community work setting for which an individual is paid at least minimum wage. No minimum hours per week or month is included in the definition, and the target population is adults, ages 18 and older, with serious and persistent mental illness.

I.E.1. Based on this definition of employment, do you have data needed to calculate the number of persons with SPMI in your service area who are employed at this point in time? (Circle one)

YES NO

I.E.1.a. If yes, what percentage of consumers do you estimate are currently employed? ____%

I.E.2. What is the approximate annual amount spent by your Board on supported employment services?

\$_____/year

I.E.3. What four things would your system need to increase the number of consumers employed?

1. _____
2. _____
3. _____
4. _____

I.F. Medication - Adults

You are encouraged to contact your provider(s) for help with estimates. If you have several providers, use estimates from those serving the largest number of consumers receiving medication and fill in the notation with the number of providers represented in your estimate.

I.F.1. Approximately what percent of adult consumers receive their medications through 419 funding? (Denominator = total number of adult consumers served by provider(s); numerator = estimated number 419-funded consumers; indicate an average percentage if reporting estimates from more than one provider)

_____ % 419 funding **Estimate based on _____ of _____ total adult care providers in system.**

I.F.2. What percent of adult consumers receive their medications from the outside resources listed below? (Denominator = total number of adult consumers served by provider(s); numerator = estimated number of consumers receiving medication from outside resource(s); indicate an average percentage if reporting estimates from more than one provider)

_____ % Indigent Programs _____ % Pharmaceutical Company Samples _____ % Other (Specify)

Estimate based on survey _____ of _____ total adult care providers in system.

II. Access & Capacity – Child & Adolescent Services

II.A. Inpatient Hospital Services – Children & Adolescents

Inpatient hospital services for youth are provided on medically-managed treatment units at private/community hospitals within one-half hour of your service area. Under this definition, inpatient hospital services EXCLUDE treatment at residential facilities.

II.A.1. What are major factors that limit **access** to existing child and adolescent hospital beds?

_____ transportation	_____ hospital admission criteria
_____ distance	_____ capacity of existing unit
_____ reimbursement	_____ length of stay
_____ treatment program design	_____ other (please describe)

II.A.2. Regardless of ability to pay or source of funding, what is the current child and adolescent inpatient bed **capacity** for your system?

_____ community hospital beds

II.A.3. Please describe the ramifications of decreased, limited, or non-existent access to child and adolescent inpatient bed **capacity** in your service area.

II.B. Crisis Care – Children & Adolescents

I.B.1. Services used in Crisis Care

Services used in Crisis Care typically include 24-hour on call clinical staffing (psychiatrists, case managers, and clinical supervisors) and a range of temporary, short-term treatment settings and placements (respite and observation beds, and facility-based or mobile response crisis units).

Please describe the provisions and arrangements in your system for handling child and adolescent consumers in crisis. Are crisis care provisions in your system adequate or are there access and capacity gaps? If so, what are these gaps?

II.C. Intensive Care – Children & Adolescents

“Intensive Care” involves services to consumers with significant mental health needs who require a long course of treatment. Residential treatment as a bundled service and partial hospitalization at a residential treatment facility or through a community-based program would be included at this level.

II.C.1. Services used in Intensive Care

Please indicate whether the service is available in your Board area, whether there are wait lists, and the approximate length of time intensive care consumers are on wait lists. You are encouraged to contact your provider(s) for help with these estimates. If you have several providers, use estimates from those serving the largest number of consumers requiring intensive care and fill in the notation regarding the number of providers represented in your estimate. E.g., “Estimate based on 7 of 10 intensive care providers in system.”

	Available?		Wait lists?		Wait how long?	
	YES	NO	YES	NO	10 working days or less	10 working days or more
Residential / Partial Hosp.*						
Multi-Systemic Therapy						
Intensive Home-based Services						
Day Treatment						

*Do not count providers who are out-of-county.

Estimate based on ____ of ____ total intensive care providers in system.

I.C.2. Do you have wait lists for intensive care consumers needing other services such as psychiatry, case management (community support program), group homes, treatment foster care or transitional housing? If yes, please describe which services and the approximate length of time that intensive care consumers are on wait lists for those services.

Type of Service	Length of Time on Wait List

Estimate based on ____ of ____ total intensive care providers in system.

II.D. General Care – Children & Adolescents

“General Care” involves service provision of low to moderate intensity.

II.D.1. Services used in General Care

Please indicate whether the service is available, whether there are wait lists, and the approximate length of time child and adolescent consumers are on general care wait lists. You are encouraged to contact your provider(s) for help with these estimates. If you have several providers, use estimates from those serving the largest number of consumers requiring general care and fill in the notation regarding the number of providers represented in your estimate.

	Available?		Wait lists?		Wait how long?	
	YES	NO	YES	NO	10 working days or less	10 working days or more
Psychiatry						
Diagnostic Assessment						
Case Management / Community Support						
Counseling / Psychotherapy						
Family Counseling / Psychoeducation						
School-based mental health assessment and referral						
Court-based mental health assessment and referral						

Estimate based on ____ of ____ total child and adolescent providers in system.

II.D.2. Do you have wait lists for other general care such as prevention programs, transitional services, or infant mental health care? If yes, please describe which services and the approximate length child and adolescent consumers are on wait lists for those services.

Type of Service	Length of Time on Wait List

Estimate based on ____ of ____ total child and adolescent providers in system.

II.E. Juvenile Justice, Child Welfare & Schools

II.E.1. Juvenile Justice -- Please check the appropriate line item regarding demand for services from **juvenile justice agencies** from January through December 2001:

II.E.1.a. Demand for Services:

_____ Demand is increasing

_____ Demand is decreasing

_____ Demand is about the same

II.E.1.b. Ability to Meet Demand:

_____ We are able to meet demand

_____ We are NOT able to meet demand

_____ Not Applicable

II.E.1.c. If your Board has difficulty meeting demand for services to juvenile justice agencies, what are major factors that have contributed to this gap?

II.E.2. PSCAs -- Please check the appropriate line item regarding demand for services from **public service children's agencies** (PSCAs) from January through December 2001:

II.E.2.a. Demand for Services:

_____ Demand is increasing

_____ Demand is decreasing

_____ Demand is about the same

II.E.2.b. Ability to Meet Demand:

_____ We are able to meet demand

_____ We are NOT able to meet demand

_____ Not Applicable

II.E.2.c. If your Board has difficulty meeting demand for services to PSCAs, what are major factors that have contributed to this gap?

II.E.3. Schools -- Please check the appropriate line item regarding demand for **services to schools** from January 2001 through the present time:

II.E.3.a. Demand for Services:

_____ Demand is increasing

_____ Demand is decreasing

_____ Demand is about the same

II.E.3.b. Ability to Meet Demand:

_____ We are able to meet demand

_____ We are NOT able to meet demand

_____ Not Applicable

II.E.3.c. If your Board has difficulty meeting demand for services to schools, what are major factors that have contributed to this gap?

III. Funding Trends– Adults & Children

III.A.1. Considering the tentative GRF allocations supplied by ODMH along with levy states, what overall change in GRF/levy funding to you expect in FY03? (Circle or check one)

Decrease						Increase
(> 5%)	(3 – 5%)	(0– 3%)	No Change	+0– 3%	+1 – 3%	+>5%

III.A.2. What change in Medicaid match requirements do you project for your system?

Decrease						Increase
(> 5%)	(3 – 5%)	(0– 3%)	No Change	+0– 3%	+1 – 3%	+>5%

III.A.3. What change in hospitalizations costs do you project if the per diem does not increase?

Decrease						Increase
(> 5%)	(3 – 5%)	(0– 3%)	No Change	+0– 3%	+1 – 3%	+>5%

III.A.4. What net change in levels of resources available for non-Medicaid services do you project?

Decrease						Increase
(> 5%)	(3 – 5%)	(0– 3%)	No Change	+0– 3%	+1 – 3%	+>5%

III.A.5. What will be your Board’s strategic approach to this financial picture? For example, does your Board have a “most in need” policy to guide the rationing of services? Are services restricted on the basis of Medicaid eligibility? If so, how?

III.B. Levies

III.B.1. Do you have any levies planned to go on the ballot in 2002? If yes, please describe the type of levy, the counties with levy ballots, and when you expect the levy to go on the ballot.

III.B.2. If you have a levy, how is the current revenue compared to previous years?

____ Less income ____ More income ____ About the same

III.B.3. If you have experienced the loss of a levy or a decline in levy revenues, how will this reduction in local funding impact the service infrastructure in your Board area?

III.C. Medicaid

III.C.1 Since January 1, 2001, have the number of **in-county and out-of-county** Medicaid-only providers to residents in your Board area....

_____ Increased* _____ Decreased _____ Remained the same

*By what percent has the number increased? _____ %

IV. Access & Staffing

IV.A Populations with Access Issues

“Culturally deliberate” refers to specialized and focused approaches that are relevant to populations with access issues, e.g., the deaf, older adults, immigrants, etc. “Culturally competent” is defined as a set of behaviors, attitudes and policies that together enable the system to work effectively in cross-cultural situations.

IV.A.1. Are there specific populations for which your system is culturally deliberate and/or competent to serve? If so, what are they?

IV.A.2. How does your system assess the cultural competence of its service delivery?

IV.B.1 Staff Case Loads – Adults & Children

IV.B.1.a Do you divide your case management services for **adults** into groups of consumers requiring high, low and/or medium levels of service intensity? **If yes, skip to question IV.B.1.b; if no, answer the following:**

If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time case manager serving **adults** with serious mental illness?

_____ consumers for each case manager

IV.B.1.b. If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time case manager serving **adults** with serious mental illness at each of the intensity levels? Mark N/A for any intensity level that does not apply to your system of care.

Low intensity _____ consumers for each case manager

Medium intensity _____ consumers for each case manager

High intensity _____ consumers for each case manager

IV.B.1.c. If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time psychiatrist serving **adults** with serious mental illness?

_____ consumers for each 1.0 FTE psychiatrist

IV.B.2.a. Do you divide your case management services for **children & adolescents** into groups of consumers requiring high, low and/or medium levels of service intensity? **If yes, skip to question**

IV.B.2.b. For those who answered NO to question III.B.2.a:

If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time case manager serving **children & adolescents** with serious emotional disturbance?

_____ consumers for each case manager

IV.B.2.b. If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time case manager serving **children & adolescents** with serious emotional disturbance at each of the intensity levels? Mark N/A for any intensity level that does not apply to your system of care.

Low intensity _____ consumers for each case manager

Medium intensity _____ consumers for each case manager

High intensity _____ consumers for each case manager

IV.B.1.c. If you took a random sample of service providers in your Board area at this point in time, what would be the average caseload for a full-time psychiatrist serving **children & adolescents** with serious emotional disturbance?

_____ consumers for each 1.0 FTE psychiatrist

IV.C.1 Staff Turnover – Adults & Children

IV.C.1.a. How many of the following **adult** care staff positions are currently budgeted (047) in your Board area:

Psychiatrists _____FTEs Case Mangers _____FTEs Clinicians* _____FTEs

Nurses _____FTEs Support Staff _____FTEs Other (specify) _____FTEs

*Includes psychologists, counselors, social workers

IV.C.1.b. How many of the following adult care staff positions are currently filled:

Psychiatrists _____FTEs Case Mangers _____FTEs Clinicians* _____FTEs

Nurses _____FTEs Support Staff _____FTEs Other (specify) _____FTEs

IV.C.1.c. If you took a random sample of service providers in your Board area at this point in time, what would be the the average length of time that a newly hired **adult** case manager stays in an agency position?

_____ years _____ months

IV.C.2.a. How many of the following **child & adolescent** carestaff positions are currently budgeted (047) in your Board area:

Psychiatrists	_____FTEs	Case Mangers	_____FTEs	Clinicians*	_____FTEs
Nurses	_____FTEs	Support Staff	_____FTEs	Other (specify)	_____FTEs

*Includes psychologists, counselors, social workers

IV.C.2.b. How many of the following **child & adolescent** care staff positions are currently filled:

Psychiatrists	_____FTEs	Case Mangers	_____FTEs	Clinicians*	_____FTEs
Nurses	_____FTEs	Support Staff	_____FTEs	Other (specify)	_____FTEs

IV.C.2.c. If you took a random sample of service providers in your Board area at this point in time, what would be the average length of time that a newly hired **child & adolescent** case manager stays in an agency position?

_____ years _____ months

IV.C.3. Do service providers in your Board area have access to nurse practitioners with prescriptive authority? (Circle one) YES NO UNCERTAIN

V. Community Well-being

V.A. Prevention

V.A.1. Please describe currently existing prevention programs funded by the Board that have not been covered earlier in this survey. Also include description of any prevention programs that are currently being planned.

IV.A.2. If you have funding cuts for FY 02-03, how will these cuts impact the delivery of currently existing and/or planned prevention programs?

V.B.1. Community Partners

Are you experiencing increased pressure to provide services from any of the community partners listed below? Given your financial picture for FY03, with which of the following partners is your system more likely to align? With which is your system more likely to cut linkages? (e.g., inter-agency agreements, board memberships, etc.) Place an "X" or check mark "✓" in columns where the answer is affirmative (Yes).

Partner	Increased Pressure for Services?	More Likely to Align?	More Likely to Cut Linkage?
Law Enforcement			
Emergency Squads			
Homeless Shelters			
Domestic violence / Battering programs			
Runaway Shelters			
County Health Department			
Other (Please identify)			

Name, Board, Phone Number, and Email Address of Person Who Completed this Survey:

Name: _____

Board: _____

Phone: _____

Email: _____

Completed surveys may be returned via U.S. Postal Service, FAX, or email to:

**Carol Carstens, PhD, LISW
Office of Program Evaluation & Research
Ohio Department of Mental Health
30 E. Broad St., Ste. 1170
Columbus, OH 43215**

**614-466-9928 (FAX)
614-752-9705 (Office)
carstensc@mhmail.mh.state.oh.us**